§4.110

38 CFR Ch. I (7-1-11 Edition)

DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—Continued

	Rat- ing		Rat- ing
Characteristic attacks that occur more than once a day, last an average of more than two hours each, respond poorly to treatment, and that restrict most routine daily activities	100 60 30 10	Asymptomatic palpable or visible varicose veins	
like edema with constant pain at rest Persistent edema or subcutaneous indura-	100	Arthralgia or other pain, numbness,	
tion, stasis pigmentation or eczema, and persistent ulceration Persistent dedma and stasis pigmentation or eczema, with or without intermittent ulceration Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery	60 40 20 10 0	or cold sensitivity	100
constant pain at rest Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery	100 60 40 20	(Authority: 38 U.S.C. 1155) [62 FR 65219, Dec. 11, 1997, as amended FR 37779, July 14, 1998; 71 FR52460, Se 2006] THE DIGESTIVE SYSTEM § 4.110 Ulcers. Experience has shown that the "peptic ulcer" is not sufficiently cific for rating purposes. Manifest ferences in ulcers of the stomach o odenum in comparison with those a	term spe- t dif- r du-

anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

§4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§4.112 Weight loss.

For purposes of evaluating conditions in §4.114, the term "substantial weight loss" means a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer; and the term "minor weight loss" means a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer. The term "inability to gain weight" means that there has been substantial weight loss with inability to regain it despite appropriate therapy. "Baseline weight" means the average weight for the two-year-period preceding onset of the disease.

(Authority: 38 U.S.C. 1155) [66 FR 29488, May 31, 2001]

§ 4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the funda-

mental principle relating to pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rat- ing
7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication. 7201 Lips, injuries of.	
Rate as for disfigurement of face. 7202 Tongue, loss of whole or part:	
With inability to communicate by speech One-half or more	100 60 30
7203 Esophagus, stricture of: Permitting passage of liquids only, with marked	
impairment of general health Severe, permitting liquids only Moderate 7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the de-	80 50 30
gree of obstruction (stricture). 7205 Esophagus, diverticulum of, acquired. Rate as for obstruction (stricture). 7301 Peritoneum, adhesions of: Severe; definite partial obstruction shown by X- ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix,	
perforated ulcer, or operation with drainage Moderately severe; partial obstruction mani- fested by delayed motility of barium meal and less frequent and less prolonged episodes of	50
pain Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	30
NOTE: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain. 7304 Ulcer, gastric. 7305 Ulcer, duodenal:	10 0
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health	60